PLEASE NOTE: YOU MUST COMPLETE THE

COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO.

FOR PATENT AND DESIGN APPLICATIONS

2185-0521P

FOLLOWING:	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor named below) or an original, first and joint inventor (if plural inventors are named below) of the subjuntation which is claimed and for which a patent is sought on the invention entitled:						
Insert Title:	matter which is claimed an Method for dena	truing allergens	nt on the invention entitled:				
Fill in Appropriate							
Information -		is attached hereto. If not att	ached hereto,				
For Use Without		ion was filed on March		as			
Specification Attached:	United States Ap	oplication Number	; an	a / or			
11/14	The specificati	ion was filed on		as PCT			
E Jun	International Ap	plication Number	; a	nd was			
E	Amended under	PCT Article 19 on	(if appli	icable)			
* TRAI	my or our invention thereof our invention thereof or m on sale in the United States been patented or made the country foreign to the Uni assigns more than twelve m patent or inventor's certific America prior to this appli I hereby claim foreign application(s) for patent	of, or patented or described in nore than one year prior to the sof America more than one yes subject of an inventor's certi- ted States of America on an onths (six months for design cate on this invention has be cation by me or my legal repair priority benefits under Title or inventor's certificate liste	; an	country before my or is not in public use or the invention has not his application in any gal representatives or hat no application for to the United States of s follows. (a)-(d) of any foreign ed below any foreign			
Insert Priority	•	(-)		Duianies Claimand			
Information: (if appropriate)	Prior Foreign Applicati 2000-070918	on(s) Japan	March 14, 2000	Priority Claimed			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(rumser,	(202	, , ,				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
		(6	(Month/Day/Year Filed)	ÖÖ			
	(Number)	(Country)	States Code, §119(e) of any Uni	Yes No			
Insert Provisional Application(s):	application(s) listed below		States Code, \$115(e) of any one	ted states provisional			
(if any)	(Application Number)		(Filing Date)				
	(Application Number)		(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6)						
Insert Requested Information: (if appropriate)		or To The Filing Date of Th	is Application:	of Filing (Month/Day/Year			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:						
Insert Prior U.S. Application(s):)						
(!f)	(Application Number)	(Filing Date)	(Status - patented, p	ending, abandoned)			

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(if any)

lication and/or an international application pint the following attorneys to prosecute this based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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Full Name of Fourth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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Full Name of Fifth	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any							
see above	Residence (City, State & Country)						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
			**				

DATE OF SIGNATURE